

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number: 09/733,900

Confirmation Number: 5474

Filing Date: December 12, 2000

First Named Inventor: Carlos O. PINZON

Group Art Unit: 1615

Examiner: Jyothsna VENKAT

Attorney Docket Number: 05725.0595-00

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114:** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on [Date] _____.
- ii. ☐ Other _____
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on [Date(s)] _____. An alternate submission is attached.
- c. ☒ Enclosed submission: .
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
- i. ☒ \$810.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Petition for extension of time for ([number] Months) \$[Fee]
- iii. ☐ Other _____
- b. ☒ A fee in the amount of \$810.00 is submitted herewith.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.

Signature of Applicant, Attorney, or Agent Required

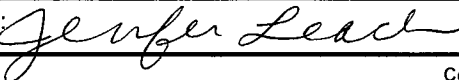
Name: Jennifer R. Leach

(202) 408-4000

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Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.

Signature:



Date: January 15, 2008

Certificate of Mailing or Transmission

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